

# Wisconsin Department of Regulation & Licensing

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## WORK HISTORY MEDICINE AND SURGERY

### MEDICAL EXAMINING BOARD

**COMPLETE WORK HISTORY.** If you have never been employed, stop at box 7. Photocopy this form if additional space is required.

<b>1. NAME / LAST</b>			<b>FIRST</b>	<b>MI</b>	<b>2. DATE OF BIRTH</b> ____ / ____ / ____
<b>3. ADDRESS (Street, City, State, Zip Code)</b>					
<b>4. MAIDEN OR GIVEN SURNAME</b>			<b>5. CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED:</b> _____		<b>6. DATE FORM COMPLETED:</b> _____
<b>7. RECORD WORK HISTORY CHRONOLOGICALLY</b> - Complete Work History beginning with present employment and concluding with graduation from medical school. You must account for the entire time period including periods of unemployment and volunteer work, etc.					
<b>A. NAME OF BUSINESS INSTITUTION:</b>				<b>JOB TITLE:</b>	
<b>ADDRESS: (Street, City, State, Zip Code)</b>				<b>DESCRIPTION OF DUTIES PERFORMED:</b>	
<b>SUPERVISOR NAME:</b> _____					
<b>DATE OF EMPLOYMENT/ ATTENDANCE:</b>		<b>HOURS WORKED PER WEEK:</b> _____			
<b>From:</b> ____ / ____ / ____ Month Day Year		<b>TYPE OF EMPLOYMENT:</b>			
<b>To:</b> ____ / ____ / ____ Month Day Year		____ Full-time ____ Part-time			
<b>TOTAL TIME WORKED (Yr./Mo.)</b>					
<b>B. NAME OF BUSINESS INSTITUTION:</b>				<b>JOB TITLE:</b>	
<b>ADDRESS: (Street, City, State, Zip Code)</b>				<b>DESCRIPTION OF DUTIES PERFORMED:</b>	
<b>SUPERVISOR NAME:</b> _____					
<b>DATE OF EMPLOYMENT/ ATTENDANCE:</b>		<b>HOURS WORKED PER WEEK:</b> _____			
<b>From:</b> ____ / ____ / ____ Month Day Year		<b>TYPE OF EMPLOYMENT:</b>			
<b>To:</b> ____ / ____ / ____ Month Day Year		____ Full-time ____ Part-time			
<b>TOTAL TIME WORKED (Yr./Mo.)</b>					

# State of Wisconsin Department of Regulation & Licensing

<b>C. NAME OF BUSINESS INSTITUTION:</b>		<b>JOB TITLE:</b>	
<b>ADDRESS: (Street, City, State, Zip Code)</b>		<b>DESCRIPTION OF DUTIES PERFORMED:</b>	
<b>SUPERVISOR NAME:</b> _____			
<b>DATE OF EMPLOYMENT/ ATTENDANCE:</b>  <b>From:</b> ____ ____ / ____ ____ / ____ ____ Month     Day     Year  <b>To:</b> ____ ____ / ____ ____ / ____ ____ Month     Day     Year	<b>HOURS WORKED PER WEEK:</b> _____  <b>TYPE OF EMPLOYMENT:</b>  ____ Full-time ____ Part-time		
<b>TOTAL TIME WORKED (Yr./Mo.)</b>			
<b>D. NAME OF BUSINESS INSTITUTION:</b>			
<b>ADDRESS: (Street, City, State, Zip Code)</b>		<b>DESCRIPTION OF DUTIES PERFORMED:</b>	
<b>SUPERVISOR NAME:</b> _____			
<b>DATE OF EMPLOYMENT/ ATTENDANCE:</b>  <b>From:</b> ____ ____ / ____ ____ / ____ ____ Month     Day     Year  <b>To:</b> ____ ____ / ____ ____ / ____ ____ Month     Day     Year	<b>HOURS WORKED PER WEEK:</b> _____  <b>TYPE OF EMPLOYMENT:</b>  ____ Full-time ____ Part-time		
<b>TOTAL TIME WORKED (Yr./Mo.)</b>			
<b>E. NAME OF BUSINESS INSTITUTION:</b>			
<b>ADDRESS: (Street, City, State, Zip Code)</b>		<b>DESCRIPTION OF DUTIES PERFORMED:</b>	
<b>SUPERVISOR NAME:</b> _____			
<b>DATE OF EMPLOYMENT/ ATTENDANCE:</b>  <b>From:</b> ____ ____ / ____ ____ / ____ ____ Month     Day     Year  <b>To:</b> ____ ____ / ____ ____ / ____ ____ Month     Day     Year	<b>HOURS WORKED PER WEEK:</b> _____  <b>TYPE OF EMPLOYMENT:</b>  ____ Full-time ____ Part-time		
<b>TOTAL TIME WORKED (Yr./Mo.)</b>			